

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FREEDOM'S DEFENSE FUND

Full Name (Last, First, Middle Initial)

A. MRS CATHY BIRKEY 617

Mailing Address 2185 HOPEDALE RD

City
DELAVALState
ILZip Code
61734FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.38084

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MRS CATHY BIRKEY 617

Mailing Address 2185 HOPEDALE RD

City
DELAVALState
ILZip Code
61734FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SA11AI.38085

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. MR HARRY B BISSELL 349Mailing Address 1100 SW SHORELINE DR
APT 207City
PALM CITYState
FLZip Code
34990FEC ID number of contributing
federal political committee.

C

Name of Employer

PALM BEACH SYMPHONY

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		13		2015

Transaction ID : SA11AI.38116

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

470.00

TOTAL This Period (last page this line number only)..... ►